

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK**

In re: Anne Georges Telasco,  
Debtor,

Chapter 7  
Case No.: 2-21-20280-PRW

Anne Georges Telasco,  
Plaintiff,

Adversary No.: ~~2-21-02002-PRW~~

v.

US Department of Education/GLELSI  
Defendant.

**COMPLAINT**

Plaintiff, Anne Georges Telasco, files this Complaint to declare the debt owed to the United States Dept. of Education/GLELSI dischargeable pursuant to 11 U.S.C. § 523(a)(8) and alleges the following in support of her requested relief:

**JURISDICTION**

This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1334(a), 28 U.S.C. § 157(a). This is a “core proceeding” under 28 U.S.C. § 157(b)(2)(I) (determinations as to the dischargeability of particular debts).

Venue is proper pursuant to 28 U.S.C. §1409(a).

**BACKGROUND**

1. Plaintiff filed a petition for relief under chapter 7 of the Bankruptcy Code on May 4, 2021.
2. Plaintiff received a discharge of her debts on August 4, 2021.
3. On August 10, 2021 she received said discharge Order. Order attached as Exhibit “A.” Plaintiff is filing this Motion to have her student loan debt declared dischargeable,

pursuant to 11 U.S.C. § 523(a)(8).

### **FACTS OF THE CASE**

4. Plaintiff borrowed \$80,000.00 during her three years of law school at the University of Miami to fund her education and to support her family from 1988 to 1991.

5. After Plaintiff graduated law school, she applied for and received her Florida Bar license, worked as an attorney and was able to make payments on said loan religiously until November 2001.

6. On November 2001, Plaintiff was forced to resign from the practice of law and had no other source of income.

7. The Florida Bar disregard Plaintiff's resignation and proceeded to secure a default ex parte judgment of conviction for theft, a second degree felony, against her.

8. When Plaintiff discovered the felony judgment in 2008, she immediately filed a writ of certiorari for a corrective order with the United States Supreme Court since Plaintiff had not committed theft or any other crime.

9. The court did not accept her writ on the grounds that it was untimely.

10. Plaintiff has been characterized as a low life felon for the past 20 plus years and continuing.

11. This judgment not only bars Plaintiff from the practice of law but it also forecloses all other non-legal employment or income making opportunities.

12. In 2019, Plaintiff filed a defamation action against The Florida Bar, in federal court. The district court found that the felony conviction for theft against Telasco was the product of fabrication and was obtained ex parte. A copy of the court's finding of fact and conclusion is attached as Exhibit "B."

13. Plaintiff has been unable to make any meaningful payment toward her student loans since November 2001.

14. Unable to earn any income above the poverty level, Plaintiff have systematically requests and receives income base deferment or forbearance of her loan.

15. This have resulted in Plaintiff not having to make any payments toward her student loan and no late fees are charged.

16. However, the authorized deferments and forbearances, which carry compound interest that are added to the loan on a monthly basis have caused Plaintiff's \$80,000.00 loan to increase to \$281,941.04 as of August 11, 2021. Copy of Student Loan Obligation Statement attached as Exhibit "C."

17. The dischargeability of this Student Loan is the subject of this complaint.

18. Plaintiff's current monthly income is \$1,525.00 and her expenses are \$1,509.00 leaving Plaintiff with a current monthly income of \$16.00. See Sched. I & J attached as Exhibit "D."

19. The calculated monthly payment required to be made under the student loan is \$2,779.00 per month.

**COUNT I**  
**PLAINTIFF'S STUDENT LOAN DEBT**  
**IS DISCHARGEABLE UNDER 11 U.S.C. § 523(a)(8)**

20. Plaintiff re-alleges and incorporates herein the allegations contained in paragraphs 1 through 19.

21. Plaintiff cannot maintain, based on her current income and expenses, a 'minimal' standard of living for herself if forced to repay the loans as her income for the past 20 years has been less than \$18,000.00 per year. See Exhibit "E."

22. Additional circumstances exist indicating that this state of affairs is likely to persist for a significant portion of the repayment period of the student loans because The Florida Bar ex parte fraudulent judgment of conviction for theft against Plaintiff has foreclosed all legal and non-legal employment opportunities to plaintiff for the past 20 plus years.

23. Plaintiff was allowed to stop making payments toward her student loan because her low income has made her ineligible to participate in any income-base payment plan.

24. This has resulted in Plaintiff receiving deferments or forbearance every year from November 2001 to the present because her income has consistently been less than \$18,000 per year for the past 20 plus years.

25. Plaintiff is now 59 years old.

WHEREFORE, Plaintiff, Anne Georges Telasco, respectfully requests that the Court discharge her student loan debt under 11 U.S.C. § 523(a)(8) and for such other and further relief the Court deems appropriate.

Date: August 12, 2021



Anne Georges Telasco  
Pro Se Plaintiff/Debtor

### **CERTIFICATE OF SERVICE**

I hereby Certify that a true and correct copy of the foregoing Complaint was sent via First class mail with delivery confirmation and regular mail to US Department of Education/GLELSI, P.O. Box 7860, Madison, WI 53707 this \_\_\_\_\_ day of August 2021.

\_\_\_\_\_  
Anne Georges Telasco  
Pro Se Plaintiff/Debtor

**Information to identify the case:**

Debtor 1

Anne Georges TelascoSocial Security number or ITIN xxx-xx-7907

First Name Middle Name Last Name

Debtor 2

(Spouse, if filing)

First Name Middle Name Last Name

United States Bankruptcy Court **Western District of New York**Case number: **2-21-20280-PRW****Order of Discharge**

12/15

**IT IS ORDERED:** A discharge under 11 U.S.C. § 727 is granted to:**Anne Georges Telasco**  
aka Anne Telasco HarrisAugust 4, 2021**By the court:** Paul R. Warren  
United States Bankruptcy Judge**Explanation of Bankruptcy Discharge in a Chapter 7 Case**

This order does not close or dismiss the case, and it does not determine how much money, if any, the trustee will pay creditors.

**Creditors cannot collect discharged debts**

This order means that no one may make any attempt to collect a discharged debt from the debtors personally. For example, creditors cannot sue, garnish wages, assert a deficiency, or otherwise try to collect from the debtors personally on discharged debts. Creditors cannot contact the debtors by mail, phone, or otherwise in any attempt to collect the debt personally. Creditors who violate this order can be required to pay debtors damages and attorney's fees.

However, a creditor with a lien may enforce a claim against the debtors' property subject to that lien unless the lien was avoided or eliminated. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

This order does not prevent debtors from paying any debt voluntarily or from paying reaffirmed debts according to the reaffirmation agreement. 11 U.S.C. § 524(c), (f).

**Most debts are discharged**

Most debts are covered by the discharge, but not all. Generally, a discharge removes the debtors' personal liability for debts owed before the debtors' bankruptcy case was filed.

Also, if this case began under a different chapter of the Bankruptcy Code and was later converted to chapter 7, debts owed before the conversion are discharged.

In a case involving community property: Special rules protect certain community property owned by the debtor's spouse, even if that spouse did not file a bankruptcy case.

**For more information, see page 2 >***Exhibit "A"*

### **Some debts are not discharged**

Examples of debts that are not discharged are:

- ◆ debts that are domestic support obligations;
- ◆ debts for most student loans;
- ◆ debts for most taxes;
- ◆ debts that the bankruptcy court has decided or will decide are not discharged in this bankruptcy case;
- ◆ debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- ◆ some debts which the debtors did not properly list;
- ◆ debts for certain types of loans owed to pension, profit sharing, stock bonus, or retirement plans; and
- ◆ debts for death or personal injury caused by operating a vehicle while intoxicated.

Also, debts covered by a valid reaffirmation agreement are not discharged.

In addition, this discharge does not stop creditors from collecting from anyone else who is also liable on the debt, such as an insurance company or a person who cosigned or guaranteed a loan.

**This information is only a general summary of the bankruptcy discharge; some exceptions exist. Because the law is complicated, you should consult an attorney to determine the exact effect of the discharge in this case.**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 19-22135-CIV-SMITH

ANNE GEORGES TELASCO,

Plaintiff,

v.

THE FLORIDA BAR,

Defendant.

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**ORDER GRANTING DEFENDANT'S MOTION TO DISMISS**

This matter is before the Court on Defendant, The Florida Bar's Motion to Dismiss Second Amended Complaint [DE 66]; Plaintiff, Anne Georges Telasco's Opposition to the Motion [DE 70]; and Defendant's Reply [DE 73]. Plaintiff, a former member of The Florida Bar (or "the Bar"), sues the Bar for defamation in connection with disbarment proceedings and alleged fabricated contents of a grievance letter issued by the Bar. The Florida Bar argues that Plaintiff's Second Amended Complaint [DE 53] should be dismissed because it fails to state a claim and this suit is barred by the Eleventh Amendment to the United States Constitution, absolute immunity, and the *Rooker-Feldman* doctrine. The Court agrees that it lacks subject matter jurisdiction under the Eleventh Amendment. Thus, the Motion is granted and this case is dismissed without prejudice.

**I. BACKGROUND**

In her 318-paragraphs-long Second Amended Complaint, Plaintiff alleges claims against The Florida Bar for defamation per se, defamation, and defamation by implication. In deciding this Motion, the Court accepts all allegations in the Second Amended Complaint as true.

Plaintiff passed The Florida Bar exam in 1992 and became a licensed member of the Bar. (Sec. Am. Compl. ¶ 23.) She opened her own law firm in 1993, focusing her practice on family

Exhibit "B"

law, discrimination law, and civil rights litigation. (*Id.* ¶ 24.) In 1994, Plaintiff filed employment discrimination actions against an international hotel chain on behalf of eight employees (“the Litigation”). (*Id.* ¶ 56.) Five years into the Litigation, one case was dismissed after a full administrative evidentiary hearing and, in two other cases, jury trials resulted in a finding of discrimination but gave no monetary award. (*Id.* ¶ 62.) Before the start of the third trial, the parties to the Litigation settled all eight cases for \$300,000, agreeing to a payment plan of six payments of \$50,000 over the course of six months. (*Id.* ¶¶ 63-64.)

Plaintiff sent a letter to all eight clients informing them of the time and date to collect their settlement checks. (*Id.* ¶ 73.) One client decided he no longer wanted to share settlement proceeds with the client whose case was dismissed and the clients who failed to recover at trial. (*Id.*) This dissatisfied client took his settlement statement to another attorney, Jonathan D. Wald, for review. (*Id.*) Upon receiving the settlement statement, Mr. Wald demanded that Plaintiff provide him with a copy of the confidential settlement agreement and access to her files, claiming he needed to review Plaintiff’s costs and expenditures against the itemized settlement statements she had given to the clients. (*Id.* ¶ 77.) When Plaintiff refused his demand, Mr. Wald sent a letter to The Florida Bar purportedly on behalf of the dissatisfied client, asking the Bar to file a formal grievance against Plaintiff. (*Id.* ¶ 78.)

Around December 1999, the Bar opened an investigation into the validity of costs and expenses Plaintiff incurred in the eight cases. (*Id.* ¶ 79.) The Bar hired Carlos J. Ruga to audit Plaintiff’s financial records. (*Id.* ¶ 80.) Mr. Ruga issued his findings (“Report”) on July 14, 2000, concluding that all costs and expenses were incurred and properly paid and finding no violation of The Florida Bar Rules. (*Id.* ¶¶ 83-84.) The Bar ignored the Report and refused to give Plaintiff a copy of the Report. (*Id.*) Instead, the Bar immediately appointed Joseph Ganguzza, then-



Chairman of the Bar's Grievance Committee and a friend of Mr. Wald, to determine whether probable cause existed for Plaintiff's disbarment. (*Id.*) Upon appointment, Mr. Ganguzza advised Plaintiff he would close the investigation if she agreed to give the \$300,000 in settlement funds to Mr. Wald, which Plaintiff refused to do. (*Id.* ¶¶ 87-88.) Following this discussion, Plaintiff retained attorney William Ullman to represent her. (*Id.* ¶ 95.)

Mr. Ullman brokered a settlement with the Bar, resulting in the Bar sending a Petition for Disciplinary Resignation and an Affidavit to Mr. Ullman for Plaintiff's signature. (*Id.* ¶¶ 96-97.) Mr. Ullman advised Plaintiff to sign the Petition, which would have made Plaintiff eligible to apply for readmission to the Bar after three or five years and would have allowed her to work as a paralegal in the interim. (*Id.* ¶¶ 100-101.) Instead of signing this Petition, on October 30, 2001, Plaintiff prepared her own resignation packet, which she submitted to the Bar at some point. (*Id.* ¶¶ 105, 108, 111-112.) Around this time, she asked Mr. Ullman to withdraw from her case. (*Id.* ¶ 106.) Additionally, on November 6, 2001, Plaintiff hand delivered to the judge apparently presiding over her disbarment proceedings a notice of filing settlement funds and a cashier's check payable to the Florida Supreme Court in the amount of \$49,147.70—the sum owed to the clients she represented in the Litigation. (*Id.* ¶¶ 107-108.)

Following her resignation, Plaintiff moved to New York in early 2002. (*Id.* ¶ 130.) In September 2008, Plaintiff decided to apply to the New York Bar. (*Id.* ¶ 141.) Plaintiff requested a letter of good standing and a grievance letter from The Florida Bar. (*Id.* ¶ 142.) The Florida Bar did not issue a letter of good standing, but around September 24, 2008, Plaintiff received a grievance letter. (*Id.* ¶¶ 142, 144.) This grievance letter (and a similar version issued by the Bar in 2018) forms the basis of Plaintiff's defamation claim. The grievance letter is defamatory because it reflects cases The Florida Bar fabricated against Plaintiff; that is, instead of the one case

that led to Plaintiff's resignation, the grievance letter lists a total of four cases against Plaintiff, all stemming from the Litigation. (*Id.* ¶¶ 144-161.) The Bar did not provide Plaintiff with notice of these actions. (*Id.*) The grievance letter also fails to mention that Plaintiff submitted the settlement funds to the Bar, it attaches an incomplete copy of Plaintiff's resignation packet, and gives the false impression that the judgment of disbarment for theft entered against Plaintiff was not obtained *ex parte* and by default. (*Id.*) The grievance letter also incorporates an amended, "doctored" version of the auditor's Report. (*Id.* ¶¶ 178-199.) Based on this amended Report, the Florida Supreme Court entered a judgment of disbarment for theft against Plaintiff on July 11, 2002. (*Id.* ¶ 203.) The Florida Bar failed to disclose to the Florida Supreme Court that Plaintiff submitted the settlement funds to Bar on November 6, 2001. (*Id.* ¶¶ 200-206.) Later, Plaintiff discovered a fifth fabricated case, which was not listed in the grievance letter and was viewable only by pulling Plaintiff's Florida Bar file. (*Id.* ¶¶ 207-218.)

Upon discovering these five fabricated cases, on February 20, 2009, Plaintiff filed a Petition for Writ of Certiorari with the United States Supreme Court. (*Id.* ¶ 219.) The Supreme Court denied the Petition for Writ of Certiorari as untimely. (*Id.*) The ruling sent Plaintiff into a 10-year long battle with depression. (*Id.* ¶¶ 219-227.)

In 2018, Plaintiff reapplied for admission to the New York Bar. (*Id.* ¶¶ 230-236.) She reapplied not to practice law but hopefully to clear her name; she hoped New York would review all the evidence pertaining to her Florida disbarment and would view the Florida judgment of theft as a fabrication by The Florida Bar. (*Id.*) Needing to provide updated material to the New York Bar, Plaintiff requested a grievance letter from The Florida Bar. (*Id.*) Around March 27, 2018, Plaintiff received a grievance letter from The Florida Bar that was an exact match of the letter the Bar sent her in 2008. (*Id.*) The Bar reissued this letter ten years after it became aware that the

judgment of disbarment for theft against Plaintiff was fraudulently obtained and was the product of fabricated charges. (*Id.*) Plaintiff has learnt that most state bars, including New York, will honor and accept The Florida Bar's judgment of theft against her. (*Id.* ¶ 235.) In this suit, Plaintiff seeks \$75,000 in compensatory and actual damages and \$75,000 in punitive damages against The Florida Bar for defamation. (*Id.* ¶¶ 316-317.)

## II. DISCUSSION

The Eleventh Amendment to the United State Constitution, as interpreted by the United States Supreme Court, prohibits federal courts from exercising subject matter jurisdiction in suits brought against a state by a citizen of that state or citizens of another state. *Welch v. Texas Dep't of Highways & Pub. Transp.*, 483 U.S. 468, 472 (1987). "The amendment applies even when a state is not named as a party of record, if for all practical purposes the action is against the state." *Schopler v. Bliss*, 903 F.2d 1373, 1378 (11th Cir. 1990) (citation omitted). Thus, as a department of the State of Florida, the Florida Supreme Court also has Eleventh Amendment immunity. *Uberoi v. Supreme Court of Fla.*, 819 F.3d 1311, 1313-14 (11th Cir. 2016) (citing Fla. Const. art. V, § 1). The Florida Supreme Court has established The Florida Bar as "an official arm of the court." R. Regulating Fla. Bar, Intro. Therefore, as a state agency, The Florida Bar is also covered by the Eleventh Amendment, which deprives this Court of subject matter jurisdiction over this suit. *See Kaimowitz v. The Fla. Bar*, 996 F.2d 1151, 1155 (11th Cir. 1993) (noting well-settled law that the "[t]he Eleventh Amendment prohibits actions against state courts and state bars," and affirming district court order dismissing suit against The Florida Bar for lack of subject matter jurisdiction under the Eleventh Amendment).

Plaintiff acknowledges that The Florida Bar is a state agency but argues that "[t]he Florida Legislature has waived sovereign immunity from traditional tort suits to the extent set out in

Section 768.28, Florida Statutes.” (Pl.’s Resp. at 12-13; *see also* Sec. Am. Compl. ¶¶ 42-43.) Plaintiff is wrong. Evidence that a state has waived sovereign immunity in its own courts is not by itself sufficient to establish waiver of Eleventh Amendment immunity from suit in federal court, and the Eleventh Circuit has held that section 768.28 does not waive Florida’s Eleventh Amendment immunity. *Schopler*, 903 F.2d at 1379 (holding that the district court erred in interpreting section 768.28 as a statutory waiver of Eleventh Amendment immunity and, by extension, finding that the Florida Department of Professional Regulation and the Florida Board of Dentistry (“the Board”) were entitled to absolute immunity from suit against these state agencies and individual Board members; the suit alleged that Board members made false and defamatory statements against the plaintiff). Here, The Florida Bar is entitled to Eleventh Amendment immunity. Accordingly, it is


**ORDERED** that:

1. Defendant, The Florida Bar’s Motion to Dismiss Second Amended Complaint [DE 66] is **GRANTED** and this case is **DISMISSED WITHOUT PREJUDICE** for lack of subject matter jurisdiction.

2. All pending motions not otherwise ruled on are **DENIED AS MOOT**.

3. This case is **CLOSED**.

**DONE AND ORDERED** in Fort Lauderdale, Florida, this 19th day of August 2020.

  
**RODNEY SMITH**  
**UNITED STATES DISTRICT JUDGE**

[REDACTED]  
ANNE G. TELASCO

GREAT LAKES ID: 10-2424626

## Student Loan Obligation Statement

Your Student Loan Obligation Statement provides you a snapshot of where you are with your student loan situation. You'll find the original loan amount with the remaining balance. Use the [printer-friendly view](#) if you'd like to print a record of your loan situation as of today.

### Your Student Loan Obligation Statement as of August 11, 2021

#### Consolidation Loans

U.S. DEPARTMENT OF EDUCATION (760581)

Balance: \$281,941.04

#### Loan Details

Payment Reference Number:	102424626000004
Date Account Opened:	2000-07-31
Original Loan Amount:	\$81,001.21
Status:	Forbearance
Status Begin Date:	05/04/2021
Status End Date: <sup>1</sup>	10/31/2021
Estimated Monthly Payment:	\$0
Repayment Plan:	Income-Based

<sup>1</sup> Your scheduled monthly payment will be recalculated following this date. The first payment will be due approximately 1 month later.

Balance

Exhibit "C"

Unsubsidized Principal:	<b>\$265,399.58 @ 0.000% fixed</b>
Accrued Interest:	<b>\$16,541.46</b>
Total Balance:	<b>\$281,941.04</b>

Printed from **mygreatlakes.org** on **8/11/2021, 4:50PM Central Time**

Form <b>1040</b>		Department of the Treasury—Internal Revenue Service		<b>U.S. Individual Income Tax Return 2006</b>		(99) IRS Use Only—Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20		OMB No. 1545-0074		Your social security number		[REDACTED]	
Your first name and initial <b>ANNE G.</b>		Last name <b>TELASCO</b>		Spouse's social security number		[REDACTED]	
If a joint return, spouse's first name and initial		Last name		You must enter your SSN(s) above.			
Home address (number and street). If you have a P.O. box, see page 16. <b>7320 BISCAYNE BLVD</b>		Apt. no.		Checking a box below will not change your tax or refund.			
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>MIAMI, FL 33138</b>				<input type="checkbox"/> You <input type="checkbox"/> Spouse			
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)					
Filing Status		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)			
Exemptions		6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse		Boxes checked on 6a and 6b: <b>1</b> No. of children on 6c who: lived with you: <b>2</b> did not live with you due to divorce or separation (see page 20): <b>0</b> Dependents on 6c not entered above: <b>2</b> Add numbers on lines above: <b>4</b>			
If more than four dependents, see page 19.		c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19) <b>ANGELICA ESTESIMUA</b> [REDACTED] <b>Daughter</b> <input checked="" type="checkbox"/> <b>HARSHIE E. HARRIS</b> [REDACTED] <b>Son</b> <input type="checkbox"/> <b>YVA J. FREEL</b> [REDACTED] <b>Mother</b> <input type="checkbox"/>					
d Total number of exemptions claimed							
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see page 23) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount (see page 25) 16a Pensions and annuities 16a b Taxable amount (see page 26) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see page 27) 21 Other income. List type and amount (see page 29) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income		7 8a 9a 10 11 12 <b>9,200.00</b> 13 14 15b 16b 17 <b>(8,487.79)</b> 18 19 20b 21 22 <b>712.21</b>			
Adjusted Gross Income		23 Archer MSA deduction. Attach Form 8853 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see page 29) 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction (see page 31) 33 Student loan interest deduction (see page 33) 34 Jury duty pay you gave to your employer 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income		23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 <b>712.21</b>			

Exhibit "E"

Form 1040 (2008)

Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	71221
	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. checked 39a		
<b>Standard Deduction for—</b>	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here 39b <input type="checkbox"/>		
People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,092 05
All others:	41	Subtract line 40 from line 38	41	4,379 84
Single or Married filing separately, \$5,150	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	12,400 00
Married filing jointly or Qualifying widow(er), \$10,300	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
Head of household, \$7,550	44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	
	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
	46	Add lines 44 and 45	46	
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Child tax credit (see page 42). Attach Form 8901 if required	53	
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
	55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	
<b>Other Taxes</b>	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2006 estimated tax payments and amount applied from 2005 return	65	
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see page 60)	69	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	
<b>Refund</b>	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
	b	Routing number		
	d	Account number		
	75	Amount of line 73 you want applied to your 2007 estimated tax	75	
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
	77	Estimated tax penalty (see page 62)	77	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see page 63)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See page 17. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed).	EIN		



**Form 1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 2008** (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20

**Label** (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

**OMB No. 1545-0074**

**Label HERE**

Your first name and initial **ANNE G.** Last name **TELASCO**

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. **Rochester, NY 14611**

Presidential Election Campaign ☐ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ☐ You ☐ Spouse

**Filing Status**

Check only one box.

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☒ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)
Angelica	Eshosimua		Daughter	<input checked="" type="checkbox"/>
yva J.	Freel		Mother	<input type="checkbox"/>

If more than four dependents, see page 17.

d Total number of exemptions claimed **3**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 (CONVRS + CORCORAN Employer) **11,927 75**

8a Taxable interest. Attach Schedule B if required **8a**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends (see page 21) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount (see page 23)

16a Pensions and annuities **16a** b Taxable amount (see page 24)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount (see page 26)

21 Other income. List type and amount (see page 28)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **29,590 75**

**Adjusted Gross Income**

23 Educator expenses (see page 28)

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see page 29)

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN

32 IRA deduction (see page 30)

33 Student loan interest deduction (see page 33)

34 Tuition and fees deduction. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income **29,590 75**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88. Cat. No. 11320B Form 1040 (2008)

Form 1040 (2008)

Page 2

<b>Tax and Credits</b>		38	Amount from line 37 (adjusted gross income)	38	29,590	75
39a Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a						
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 39b						
c Check if standard deduction includes real estate taxes or disaster loss (see page 34) <input type="checkbox"/> 39c						
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40		40	7,039	20
41 Subtract line 40 from line 38		41		41	22,551	55
42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d		42		42	10,500	00
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		43	12,051	55
44 Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		44		44		
45 Alternative minimum tax (see page 39). Attach Form 6251		45		45		
46 Add lines 44 and 45		46		46		
47 Foreign tax credit. Attach Form 1116 if required		47		47		
48 Credit for child and dependent care expenses. Attach Form 2441		48		48		
49 Credit for the elderly or the disabled. Attach Schedule R		49		49		
50 Education credits. Attach Form 8863		50		50		
51 Retirement savings contributions credit. Attach Form 8880		51		51		
52 Child tax credit (see page 42). Attach Form 8901 if required		52		52		
53 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695		53		53		
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		54		54		
55 Add lines 47 through 54. These are your total credits		55		55		
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-		56		56		
<b>Other Taxes</b>						
57 Self-employment tax. Attach Schedule SE		57		57		
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58		58		
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59		59		
60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H		60		60		
61 Add lines 56 through 60. This is your total tax		61		61		
<b>Payments</b>						
62 Federal income tax withheld from Forms W-2 and 1099		62		62		
63 2008 estimated tax payments and amount applied from 2007 return		63		63		
64a Earned income credit (EIC)		64a		64a		
b Nontaxable combat pay election <input type="checkbox"/> 64b						
65 Excess social security and tier 1 RRTA tax withheld (see page 61)		65		65		
66 Additional child tax credit. Attach Form 8812		66		66		
67 Amount paid with request for extension to file (see page 61)		67		67		
68 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 6885		68		68		
69 First-time homebuyer credit. Attach Form 5405		69		69		
70 Recovery rebates credit (see worksheet on pages 62 and 63)		70		70		
71 Add lines 62 through 70. These are your total payments		71		71		
<b>Refund</b>						
72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid		72		72		
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		73a		73a		
b Routing number <input type="text"/>						
c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings						
74 Amount of line 72 you want applied to your 2009 estimated tax		74		74		
<b>Amount You Owe</b>						
75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65		75		75		
76 Estimated tax penalty (see page 65)		76		76		
<b>Third Party Designee</b>						
Do you want to allow another person to discuss this return with the IRS (see page 66)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No						
Designee's name <input type="text"/>		Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>			
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your signature <input type="text"/>		Date <input type="text"/>	Your occupation <input type="text"/>		Daytime phone number <input type="text"/>	
Spouse's signature. If a joint return, both must sign. <input type="text"/>		Date <input type="text"/>	Spouse's occupation <input type="text"/>			
<b>Paid Preparer's Use Only</b>						
Preparer's signature <input type="text"/>		Date <input type="text"/>	Check if self-employed <input type="checkbox"/>		Preparer's SSN or PTIN <input type="text"/>	
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>		EIN <input type="text"/>		Phone no. <input type="text"/>		

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Form 1040 (2008)



[www.irs.gov/form1040](http://www.irs.gov/form1040)

<b>Form 1040</b>		Department of the Treasury—Internal Revenue Service (99)		<b>2018</b>		OMB No. 1545-0074		IRS Use Only—Do not write or staple in this space.	
<b>Filing status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input checked="" type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)									
Your first name and initial Anne G.				Last name Telasco		Your social security number 			
<b>Your standard deduction:</b> <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind									
If joint return, spouse's first name and initial				Last name		Spouse's social security number			
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien						<input type="checkbox"/> Full-year health care coverage or exempt (see inst.)			
Home address (number and street). If you have a P.O. box, see instructions. 						Apt. no.		<b>Presidential Election Campaign</b> (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Rochester, New York 14611						If more than four dependents, see inst. and ✓ here <input type="checkbox"/>			
<b>Dependents (see instructions):</b>									
(1) First name		Last name		(2) Social security number		(3) Relationship to you		(4) ✓ If qualifies for (see inst.):	
Anngelica-Marie O. Esheslmua						Daughter		Child tax credit <input checked="" type="checkbox"/> Credit for other dependents <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/>	
								<input type="checkbox"/> <input type="checkbox"/>	
<b>Sign Here</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Joint return? See instructions. Keep a copy for your records.		Your signature 		Date 1/8/19		Your occupation Real Estate Management		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Spouse's signature. If a joint return, both must sign.		Date		Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Paid Preparer Use Only</b>		Preparer's name NOT APPLICABLE		Preparer's signature		PTIN		Firm's EIN	
		Firm's name ▶				Phone no.		585-201-2492	
		Firm's address ▶						Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 113208

Form 1040 (2018)

Form 1040 (2018)

Page 2

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
5a Social security benefits	5a	5b Taxable amount	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	17,172
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	15,371
8 Standard deduction or itemized deductions (from Schedule A)		8	18,000
9 Qualified business income deduction (see instructions)		9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	(-2,629)
11 a Tax (see inst.) 1,213 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )		11	
b Add any amount from Schedule 2 and check here <input type="checkbox"/>		11	
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		12	
13 Subtract line 12 from line 11. If zero or less, enter -0-		13	
14 Other taxes. Attach Schedule 4		14	
15 Total tax. Add lines 13 and 14		15	
16 Federal income tax withheld from Forms W-2 and 1099		16	
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		17	
Add any amount from Schedule 5		17	
18 Add lines 16 and 17. These are your total payments		18	
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		20a	
b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number <input type="checkbox"/>			
21 Amount of line 19 you want applied to your 2018 estimated tax		21	
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22	
23 Estimated tax penalty (see instructions)		23	

## Refund

Direct deposit?  
See instructions.

Amount You Owe

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2018)

**1040** Department of the Treasury - Internal Revenue Service **2019**OMB No. 1545-0047

**Filing Status** ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er) ☐

(Check only one box) If you checked the "Married filing jointly" box, enter the name of spouse. If you checked the "Head of household" box, enter the name of the qualifying person. If you checked the "Qualifying widow(er)" box, enter the name of the deceased spouse.

Your first name and middle initial: **ANNE G.** Last name: **TELASCO** Your social security number: **60-0000000**

Home address (number and street). If you have a P.O. box, see instructions: **[REDACTED]** Apt. no.: **[REDACTED]**

City, town or post office, state, and ZIP code. If you have a foreign address, also indicate country below (see instructions): **ROCHESTER, NEW YORK 14611**

Foreign country name: **[REDACTED]** Foreign postal code: **[REDACTED]**

**Standard Deduction** ☐ Someone can claim you as a dependent ☐ You are a dependent ☐ You are a taxpayer ☐ You are a taxpayer

**Dependents** (see instructions) ☐ Was born before January 2, 1963 ☐ Was born after January 2, 1963 ☐ Is blind

(1) First name: **ANGELICA-MARIE O. ESHERMUA** (2) Relationship: **DAUGHTER** (3) Birth date: **[REDACTED]** (4) Is child of taxpayer: ☒ (5) Is child of spouse: ☐ (6) Is child of both: ☐ (7) Is child of neither: ☐ (8) Is child of both: ☐ (9) Is child of neither: ☐ (10) Is child of both: ☐ (11) Is child of neither: ☐

1	Wages, salaries, tips, etc. Attach Form W-2	2a	Tax-exempt interest	2b	Taxable interest. Attach Form 1099	2c	Taxable interest. Attach Form 1099
3a	Qualified dividends	3b	Qualified dividends. Attach Form 1099	3c	Qualified dividends. Attach Form 1099	3d	Qualified dividends. Attach Form 1099
4a	IRA distributions	4b	IRA distributions	4c	IRA distributions	4d	IRA distributions
5	Pensions and annuities	5a	Pensions and annuities	5b	Pensions and annuities	5c	Pensions and annuities
6	Social security benefits	6a	Social security benefits	6b	Social security benefits	6c	Social security benefits
7	Capital gain or (loss). Attach Schedule D if required. If not required, check none	7a	Capital gain or (loss). Attach Schedule D if required. If not required, check none	7b	Capital gain or (loss). Attach Schedule D if required. If not required, check none	7c	Capital gain or (loss). Attach Schedule D if required. If not required, check none
8	Other income from Schedule 1, line 8	8a	Other income from Schedule 1, line 8	8b	Other income from Schedule 1, line 8	8c	Other income from Schedule 1, line 8
9	Adjusted gross income. Add lines 1, 2b, 3a, 4b, 5a, 6a, 7a, and 8a. This is your total income	9a	Adjusted gross income. Add lines 1, 2b, 3a, 4b, 5a, 6a, 7a, and 8a. This is your total income	9b	Adjusted gross income. Add lines 1, 2b, 3a, 4b, 5a, 6a, 7a, and 8a. This is your total income	9c	Adjusted gross income. Add lines 1, 2b, 3a, 4b, 5a, 6a, 7a, and 8a. This is your total income
10	Standard deduction or itemized deductions from Schedule 1, line 10	10a	Standard deduction or itemized deductions from Schedule 1, line 10	10b	Standard deduction or itemized deductions from Schedule 1, line 10	10c	Standard deduction or itemized deductions from Schedule 1, line 10
11a	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-	11a	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-	11b	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-	11c	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-
12	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-	12a	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-	12b	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-	12c	Taxable income. Subtract line 10a from line 9a. If zero or less, enter -0-

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2019)

Page 2

12a	Tax (see instructions) Check any payments: <input type="checkbox"/> 9914 <input type="checkbox"/> 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3	12a	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	
15	Other taxes, including self-employment tax from Schedule 2, line 10	15	1,227.00
16	Add lines 14 and 15. This is your total tax	16	1,227.00
17	Federal income tax withheld from Forms W-2 and 1099	17	-0-
18	Other payments and refundable credits	18	
a	Earned income credit (EIC) See EIC	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. This is your total other payments and refundable credits	18e	-0-
19	Add lines 17 and 18e. This is your total payments	19	
20	If line 12 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
21a	Amount of line 20 you want refunded to you. If Form 9868 is attached, check here	21a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	
Third Party Designee			
Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.			
<input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here			
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Print IRS and you, or taxpayer, Preparer PIN, under 1040-See Inst.
	1/14/2020	REAL ESTATE MANAGEMENT	
Spouse's signature (if joint return, both must sign)	Date	Spouse's occupation	If the IRS calls your name on Identity Protection PIN, enter it here (see Inst.)
Preparer's name	Preparer's signature	Date	Preparer's PIN
Preparer's name	Preparer's signature	Date	Preparer's PIN
Preparer's name	Preparer's signature	Date	Preparer's PIN



**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>ANNE GEORGES</b>		Last name <b>TELASCO</b>		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. <b>764 JAY STREET</b>				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. <b>ROCHESTER</b>				State <b>NEW YORK</b>	
				ZIP code <b>14611</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☒ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	
	<b>2a</b> Tax-exempt interest	<b>2a</b>	
	<b>3a</b> Qualified dividends	<b>3a</b>	
	<b>4a</b> IRA distributions	<b>4a</b>	
	<b>5a</b> Pensions and annuities	<b>5a</b>	
	<b>6a</b> Social security benefits	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 9	<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	<b>17,814.00</b>
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	<b>10</b> Adjustments to income:		
	<b>a</b> From Schedule 1, line 22	<b>10a</b>	<b>1,882.00</b>
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	<b>0</b>
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b>	<b>10c</b>	<b>1,882.00</b>
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	<b>15,932.00</b>
	<b>12</b> Standard deduction or itemized deductions (from Schedule A)	<b>12</b>	
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>13</b>	
	<b>14</b> Add lines 12 and 13	<b>14</b>	<b>0</b>
	<b>15</b> Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	<b>15</b>	<b>15,932.00</b>

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Cat. No. 11320B

Form 1040 (2020)

<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>
<b>18</b>	Add lines 16 and 17	<b>18</b>
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>
<b>21</b>	Add lines 19 and 20	<b>21</b>
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b> 1,362.00
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b> 1,362.00
<b>25</b>	Federal income tax withheld from:	
<b>a</b>	Form(s) W-2	<b>25a</b>
<b>b</b>	Form(s) 1099	<b>25b</b> 0
<b>c</b>	Other forms (see instructions)	<b>25c</b>
<b>d</b>	Add lines 25a through 25c	<b>25d</b> 0
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>
<b>27</b>	Earned income credit (EIC)	<b>27</b>
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>
<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>
<b>b</b>	Routing number	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number	
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>
<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b> <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	<b>37</b>
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

For details on how to pay, see instructions.

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes. Complete below.** ☐ **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date <b>5/3/2021</b>	Your occupation <b>MAINTENANCE</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's EIN				

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2020)